WHAT IS CLAIMED IS:

1. A method of treating hypertension and type 2 diabetes mellitus, Metabolic Syndrome or a pre-diabetic condition, in a mammalian patient in need of such treatment, comprising administering to said patient a dual peroxisome proliferator activated receptor alpha/ gamma (PPARα/γ) agonist and an Angiotensin II Type I receptor (A-2) antagonist in an amount effective to treat hypertension and type 2 diabetes mellitus, Metabolic Syndrome or a pre-diabetic condition.

2. A method as recited in Claim 1, wherein the dual PPAR α/γ agonist is a balanced dual PPAR α/γ agonist.

3. A method as recited in Claim 2, wherein the dual PPAR α/γ agonist is selected from the group consisting of: dihydrocinnamate and cinnamate derivatives, L-tyrosine derivatives, phenyl propanoic acid and propanoic acid derivatives, isoxazolidinedione and oxazolidinedione derivatives, thiazolidinediones, tricyclics, carboxylic acid and malonic acid derivatives, oxobenzylglycine derivatives, fibrates, quinoline derivatives, alkanoate derivatives, phenyalkyloxy phenyl derivatives, benzamide derivatives and isoprenols, including pharmaceutically acceptable salts of one or more of the active ingredients.

4. A method as recited in Claim 3, wherein the dual PPAR α/γ agonist is KRP-297, or a pharmaceutically acceptable salt thereof.

5. A method as recited in Claim 4, wherein A-2 antagonist is selected from the group consisting of: losartan, abitesartan, benzyllosartan, elisartan, embusartan, enoltasosartan, fonsartan, forasartan, glycyllosartan, milfasartan, olmesartan, opomisartan, pratosartan, ripisartan, eprosartan, candesartan, irbesartan, saprisartan, tasosartan, telmisartan, valsartan, and zolasartan or the pharmaceutically acceptable salts or solvates thereof.

6. A method as recited in Claim 5, wherein the A-2 antagonist is losartan or a pharmaceutically acceptable salt-based alternative thereof.

7. A method as recited in Claim 5 further comprising administering to the patient a compound selected from the group consisting of: ACE inhibitors, insulin sensitizers including single PPARγ agonists, protein tyrosine phosphatase-1B inhibitors, dipeptidyl peptidase IV inhibitors, insulin or insulin mimetics; sulfonylureas; α-glucosidase inhibitors; cholesterol lowering agents selected from single PPAR α agonists, bile acid sequestrants, nicotinyl alcohol, nicotinic acid or a salt thereof, acyl Coenzyme A:cholesterol acyltransferase inhibitors, and antioxidants; PPARδ agonists; antiobesity compounds; ileal bile acid transporter inhibitors; antiinflammatory agents selected from aspirin, non-steroidal anti-inflammatory drugs, glucocorticoids, azulfidine and cyclooxygenase-2 selective inhibitors; agents intended to inhibit platelet activation and aggregation; antihypertensives selected from:calcium channel blockers, β-adrenergic blockers, renin inhibitors, α-adrenergic antagonists, sympatholytic agents, atriopeptide inhibitors, serotonin inhibitors, A2-Adenosine receptor agonists, potassium channel agonists, reserpine, minoxidil, guanethidine, hydralazine hydrochloride and sodium nitroprusside.

8. A method in accord with Claim 7 wherein the HMG-CoA reductase inhibitor is simvastatin, or a pharmaceutically acceptable salt or solvate thereof.

9. A method in accord with Claim 7 wherin the compound administered is ezetimibe, or a pharmaceutically acceptable salt or solvate thereof.

10. A method of treating, delaying or ameliorating hypertension and type 2 diabetes mellitus, Metabolic Syndrome or a pre-diabetic state and further treating, delaying or ameliorating a lipid disorder selected from dyslipidemia, hyperlipidemia and hypercholesterolemia in a patient in need of such treatment, comprising administering KRP-297 and losartan in an amount that is effective to treat, delay or ameliorate hypertension and type 2 diabetes mellitus, Metabolic syndrome or a pre-diabetic state and said lipid disorder.

11. A pharmaceutical composition comprising a dual PPAR α/γ agonist and an Angiotensin II type I receptor antagonist in combination with a pharmaceutically acceptable carrier.

12. A pharmaceutical composition in accordance with Claim 11, wherein the dual PPAR α/γ agonist is a balanced dual PPAR α/γ agonist.

13. A pharmaceutical composition in accordance with Claim 12, wherein the Angiotensin II Type I receptor antagonist is selected from the group consisting of: losartan, abitesartan, benzyllosartan, elisartan, embusartan, enoltasosartan, fonsartan, forasartan, glycyllosartan, milfasartan, olmesartan, opomisartan, pratosartan, ripisartan, eprosartan, candesartan, irbesartan, saprisartan, tasosartan, telmisartan, valsartan and zolasartan, and the pharmaceutically acceptable salts or solvates thereof.

14. A pharmaceutical composition as recited in Claim 13, wherein the Angiotensin II Type I receptor antagonist is losartan.

15. A pharmaceutical composition in accordance with Claim 12, wherein the dual PPAR α/γ agonist is selected from the group consisting of: dihydro-cinnamate and cinnamate derivatives, L-tyrosine derivatives, phenyl propanoic acid and propanoic acid derivatives, isooxazolidinedione and oxazolidinedione derivatives, thiazolidinediones, tricyclic derivatives, carboxylic acid and malonic acid derivatives, oxobenzylglycine derivatives, fibrates, quinoline derivatives, alkanoate derivatives, phenyalkyloxy phenyl derivatives, benzamide derivatives and isoprenols, including pharmaceutically acceptable or solvates thereof.

16. A pharmaceutical composition as recited in Claim 15, wherein the dual PPAR α/γ agonist is KRP-297 or a pharmaceutically acceptable salt or solvate thereof.

17. A pharmaceutical composition as recited in Claim 12 further comprised of a member selected from the group consisting of: ACE inhibitors, insulin sensitizers selected from single PPARγ agonists, protein tyrosine phosphatase-1B inhibitors, and dipeptidyl peptidase IV inhibitors; insulin or insulin mimetics; sulfonylureas; α-glucosidase inhibitors; cholesterol lowering agents selected from HMG-CoA reductase inhibitors, single PPAR α agonists, bile acid sequestrants, nicotinyl alcohol, nicotinic acid or a salt thereof, acyl Coenzyme A:cholesterol

acyltransferase inhibitors, and anti-oxidants; PPARδ agonists; antiobesity compounds; ileal bile acid transporter inhibitors; anti-inflammatory agents such as aspirin, non-steroidal anti-inflammatory drugs, glucocorticoids, azulfidine, and cyclo-oxygenase 2 selective inhibitors; agents intended to inhibit platelet activation and aggregation; additional anti-hypertensives including: single PPAR α agonists, calcium channel blockers, β-adrenergic blockers, renin inhibitors, α-adrenergic antagonists, sympatholytic agents, atriopeptide inhibitors, serotonin inhibitors, A2-Adenosine receptor agonists, potassium channel agonists, reserpine, minoxidil, guanethidine, hydralazine hydrochloride and sodium nitroprusside, including pharmaceutically acceptable salts or solvates thereof.

18. A pharmaceutical composition as recited in Claim 17 where the HMG CoA Reductase inhibitor is simvastatin, including pharmaceutically acceptable salt or solvates thereof.

19. A pharmaceutical composition in accordance with Claim 12, further comprising ezetimibe or a pharmaceutically acceptable salt or solvate thereof.